

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066891

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: DRAGIN TIGER MASSAGE LLC

**Current Principal Place of Business:**

2593 NELSON STREET  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

2593 NELSON STREET  
AUBURNDALE, FL 338234816

**Current Mailing Address:**

2593 NELSON STREET  
AUBURNDALE, FL 33823

**New Mailing Address:**

2593 NELSON STREET  
AUBURNDALE, FL 338234816

FEI Number: 26-0490208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIKKELSEN, LARS  
2593 NELSON STREET  
AUBURNDALE, FL 33823 US

**Name and Address of New Registered Agent:**

MIKKELSEN, PENNY K  
2593 NELSON STREET  
AUBURNDALE, FL 33823 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PENNY MIKKELSEN

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MIKKELSEN, LARS  
Address: 2593 NELSON STREET  
City-St-Zip: AUBURNDALE, FL 33823

Title: MGRM ( ) Delete  
Name: MIKKELSEN, PENNY  
Address: 2593 NELSON STREET  
City-St-Zip: AUBURNDALE, FL 33823

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PENNY MIKKELSEN

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date